Appendix 2: Characteristics of 26 studies identified in the systematic review

Study	Study design	Study duration	Duration and frequency of group medical visits	No. of patients	Study population	% male	Outcomes measured	HbA_{1c} outcome	BP outcome
Clancy et al., 2003[15–17]	RCT	6 mo	2-h sessions; monthly over 6 mo	Intervention: 59 Control: 61	Age > 18 yr; type 2 diabetes with HbA_{1c} > 8.5% at most recent evaluation	21.7	Trust in physician (scale), ADA process-of-care indicators, patient care assessment tool, HbA_{1c}, lipid profiles	At 6 mo: 9.513% in intervention and 9.714% in control; difference not significant	Not measured
Clancy et al., 2007[18,19] and 2008[20]	RCT	12 mo	2-h sessions; monthly over 12 mo	Intervention: 96 Control: 90	Age > 18 yr; poorly controlled type 2 diabetes (HbA_{1c} > 8%)	28	Emergency department visits, inpatient stays, primary and specialty outpatient visits, total charges, HBA_{1c} testing, lipid profiles, adherence to ADA guidelines, cancer screens	Not measured; instead study looked at no. of patients who received HbA_{1c} testing	Not measured
Cohen et al., 2011[21]	RCT	6 mo	2-h sessions over 6 mo; weekly for 4 wk, then monthly for 5 mo	Intervention: 50 Control: 49	Veterans with type 2 diabetes; HbA_{1c} > 7.0%, LDL cholesterol > 100 mg/dL (or > 70 mg/dL if coronary artery disease present); BP > 130/80 mm Hg	Intervention: 100 Control: 96	HbA_{1c}, LDL cholesterol, BP, goal attainment of these values, diabetes self-care behaviour, prescribing (medications) between groups, no. of visits with primary care provider	Target goals reached by 40.5% in intervention v. 20.4% in control (p = 0.03); patients in intervention group had higher odds of attaining HbA_{1c} goals	Target systolic BP (< 130 mm Hg) reached by 50% in intervention and 32.7% in control (p = 0.015); patients in intervention group had higher odds of attaining systolic BP goals
Edelman et al., 2010[22]	RCT	12.8 mo	90–120 min per session; every 2 mo over 12 mo; total 7 sessions	Intervention: 133 Control: 106	Veterans with poorly controlled diabetes ($HbA_{1c} \geq 7.5\%$) and hypertension (systolic BP > 140 mm Hg, diastolic BP > 90 mm Hg); type of diabetes not specified	Intervention: 95.5 Control: 96.2	Systolic and diastolic BP, HbA_{1c}, self-reported medication adherence	Mean decrease 0.8% in intervention and 0.5% in control; difference not significant (p = 0.159)	Mean decrease in systolic BP was 13.7 mm Hg in intervention v. 6.4 mm Hg in control (p = 0.011)
Naik et al., 2011[23]	RCT	12 mo	60-min sessions; 4 sessions; every 3 wk over 3 mo	Intervention: 45 Control: 42	Veterans aged 50–90 yr with a primary care provider; type 2 diabetes; mean HbA_{1c} 7.5% 6 mo before study	Unknown	HbA_{1c}, diabetes self-efficacy scale, diabetes specific knowledge and understanding scale	At 1 yr: 8.05% ± 1.40% in intervention v. 8.64% ± 1.39% in control (p = 0.05)	Not measured

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Appendix 2 (continued): Characteristics of 26 studies identified in the systematic review

Study	Study design	Study duration	Duration and frequency of group medical visits	No. of patients	Study population	% male	Outcomes measured	HbA_{1c} outcome	BP outcome
Rygg et al., 2012[24]	RCT	12 mo	5-h sessions; every 2 wk over 6 wk, or every 3 wk over 9 wk, depending on site	Intervention: 73 Control: 73	Age > 18 yr; type 2 diabetes; consultation with general practitioner in past 3 yr	"Approximately 50%"	HbA_{1c}, patient activation, diabetes knowledge, BP, weight, BMI, total and HDL cholesterol, triglycerides, creatinine, oral glucose-lowering medication, visits with health care personnel in past 3 mo, satisfaction with diabetes treatment, problem areas in diabetes, EQ-VAS, SF-36 (physical and mental health domains), self-management (diet, foot care and blood glucose)	At 12 mo: no significant difference ($p = 0.432$), except in subgroup analysis of patients with highest HbA_{1c} (> 7.7%) at baseline (8.2% ± 1.4% in intervention group v. 8.8% ± 1.4% in control group; $p = 0.012$)	Systolic BP intervention: 140.6 (17.1), control: 143.7 (20.8). diastolic BP intervention: 82.6 (10.3), control 83.3 (10.3)
Sadur et al., 1999[25]	RCT	12 mo	2-h sessions; monthly over 6 mo	Intervention: 82 Control: 74	Age 16–75 yr; type 1 and 2 diabetes; HbA_{1c} > 8.5%, or no HbA_{1c} test performed in previous yr	Intervention: 58.8 Control: 55.7	HbA_{1c}, self-reported changes in self-care practices, self-efficacy, satisfaction, utilization of inpatient and outpatient health care	≥ 5 mo after randomization: 8.18% in intervention and 9.33% in control ($p < 0.0001$)	Not measured
Schillinger et al., 2009[26]	3-arm RCT	12 mo	90-min sessions; monthly over 9 mo	Intervention: 104 Control (usual care): 108 3rd arm (wkly automated telephone support with nurse follow-up): 112	Adult patients with type 2 diabetes; uninsured with high school education or less; ≥ 1 primary care visit in past yr; recent HbA_{1c} ≥ 8.0%	Intervention: 36.3 Control: 44.7	1-yr changes in structure (patient assessment of chronic Illness care), communication processes (interpersonal processes of care) and outcomes (behavioural, functional and metabolic)	No difference between groups (9.0% ± 2.0% in both groups; $p = 0.3$)	Systolic BP 138.9 ± 20.3 mm Hg in intervention and 141.5 ± 23.9 mm Hg in usual-care group ($p = 0.1$); diastolic BP 75.5 ± 11.3 mm Hg in intervention and 78.5 ± 18.5 mm Hg in usual-care group ($p = 0.08$)
Taveira et al., 2010[27]	RCT: feasibility	4 mo	2-h sessions; weekly over 4 wk	Intervention: 58 Control: 51	Veterans aged ≥ 18 yr with type 2 diabetes; HbA_{1c} 7%–9% in previous 6 mo	Intervention: 91.4 Control: 100	HbA_{1c}, BP (systolic < 130 mm Hg, diastolic < 80 mm Hg), lipids, tobacco use	Target reached by 40.4% in intervention and 21.6% in control; absolute mean change –0.9 ± 1.6 in intervention and 0.0 ± –1.5 in control	Target systolic BP reached by 65.5% in intervention and 39.9% in control; absolute mean change –7.3 ± 20.3 mm Hg in intervention and –1.7 ± – 19.6 mm Hg in control. Target diastolic BP reached by 65.5% in intervention and 68.6% in control; absolute mean change –6.5 ± 10.0 mm Hg in intervention and 1.0 ± 10.8 mm Hg in control

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Appendix 2 (continued): Characteristics of 26 studies identified in the systematic review

Study	Study design	Study duration	Duration and frequency of group medical visits	No. of patients	Study population	% male	Outcomes measured	HbA_{1c} outcome	BP outcome
Taveira et al., 2011[28]	RCT	6 mo	90-min sessions; weekly for 4 wk, then monthly for 5 mo	Intervention: 44 Control: 44	Veterans with depression and type 1 or 2 diabetes; HbA_{1c} > 6.5% in previous 6 mo	Intervention: 100 Control: 95.5	HbA_{1c} < 7% at 6 mo, adherence to ADA guidelines (systolic BP < 130 mm Hg, diastolic BP < 80 mm Hg), total, LDL and HDL cholesterol, tobacco cessation, change in 10-yr coronary event risk at 6 mo, depression symptoms	7.4% ± 1.2% in intervention v. 8.4% ± 2.0% in control group ($p < 0.05$)	Systolic BP 123.4 ± 12.3 mm Hg in intervention and 127.0 ± 17.3 mm Hg in control ($p < 0.05$ from baseline)
Trento et al., 2002,[29] 2001[30] and 2004[31]	RCT	4 yr	Duration of session not stated; session every 3 mo	Intervention: 56 Control: 56 (42 in each group at yr 5)	Type 2 diabetes, treated with diet alone or diet and oral hypoglycemic agents; attended diabetes clinic	Intervention: 51.1 Control: 60.7	Weight, fasting blood glucose level, HbA_{1c}, serum creatine, total and HDL cholesterol, triglycerides, microalbumine: creatinine ratio, diabetes-related quality of life, knowledge of diabetes, health behaviours, BP, BMI	At 5 yr after randomization: 7.3% ± 1.0% in intervention and 9.0% ± 1.6% in control ($p < 0.001$)	Not measured
Trento et al., 2005[32]	RCT	3 yr	Duration of session unclear; every 2–3 mo; total 15 sessions over 36 mo	Intervention: 30 Control: 28	Age < 70 yr; type 1 diabetes with onset before 30 yr; insulin started within 1 yr of diagnosis; ≥ 1 yr previous attendance in clinic	Intervention: 61.3 Control: 58.1	Diabetes-related quality of life, knowledge of type 1 diabetes, health behaviours, HbA_{1c}, total and HDL cholesterol, microalbumine: creatinine ratio, complications (hypoglycemic episodes [retrospective]), economic analysis	At 3 yr: 7.88% ± 0.20% in intervention and 8.79% ± 1.38% in control (p = NS)	Not measured
Wagner et al., 2001[33]	RCT	2 yr	Half-day sessions; "periodic" (intervals of 3 mo and 6 mo)	Intervention: 278 Control: 429	Age > 30 yr; patients with diabetes (type not specified) using insulin or oral hypoglycemic therapy were "preferentially selected"	Intervention: 56 Control: 51.8	Subscales of SF-36 (general health, physical function, emotional role function, social function and pain), bed disability, restricted-activity days	At 24 mo: no difference between groups (7.9% in both groups; $p = 0.9$)	Not measured

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Appendix 2 (continued): Characteristics of 26 studies identified in the systematic review

Study	Study design	Study duration	Duration and frequency of group medical visits	No. of patients	Study population	% male	Outcomes measured	HbA_{1c} outcome	BP outcome
Benedetti et al., 2004[34]	Cohort	6 mo	2-h sessions; frequency unclear	Intervention: 698 Usual care: 1300	Age > 18 yr; type 2 diabetes for ≥ 1 yr	Not stated	Annual HbA_{1c} test, HbA_{1c} < 8.0%, HbA_{1c} < 9.5%, annual LDL cholesterol test, LDL < 130, annual urine protein test, eye and foot exams; BP < 130/85 mm Hg, BP < 140/90 mm Hg, patients > 40 yr taking ASA, self-management goal	Achievement of HbA_{1c} < 9.5% significantly higher in intervention group than in usual-care group ($p < 0.05$)	BP < 140/90 mm Hg "approached significance" ($p < 0.06$); BP < 130/85 significant ($p < 0.05$)
Boegner et al., 2008[35]	Cohort	6 mo	Half-day sessions; mean 3 sessions per practice	427	Age > 18 yr; type 2 diabetes > 1 yr	55.3	Self-reported diabetes knowledge and behaviour; weight, BP, HbA_{1c}, fasting glycemia, % sedentary, dietary compliance, % using insulin, smoking status, antihypertensive treatment, lipid-lowering therapy, medication (tablets/d)	7.57% ± 1.33% at baseline; 7.41% ± 1.26% after intervention ($p < 0.01$)	BP "remained stable and approached the French recommendations"
Bray et al., 2005[36]	Feasibility study; convenience sample	12 mo	2-h sessions over 6 mo; total 4 sessions	Intervention: 112 Control: 48	Type 2 diabetes + ≥ 1 of: HbA_{1c} > 7.0%, BP > 135/85 mm Hg or high risk of end-stage organ disease (including retinopathy, neuropathy, nephropathy)	43	Health care provider productivity, billable encounters, documented self-management goals, documented lipid profile, documented ASA use, documented foot exam, average daily encounter rate	8.2% ± 2.6% at baseline; 7.1% ± 2.3% after intervention ($p < 0.05$ for difference between groups)	Not measured
Culhane-Pera et al., 2005[37]	Cohort	13 mo	3.5-h sessions; monthly for 3 mo, then quarterly; total 7 sessions	Intervention: 39 Refusers: 22 Nonparticipants = 216	Hmong adults with type 2 diabetes	56	HBA_{1c}, BMI, BP, LDL cholesterol, microalbumin:creatinine ratio, self-reported 24-h diet recall and exercise, mental health, foot exams, eye referrals, flu shots and medication intensification	9.46% before and 9.58% after intervention; difference not significant (p = NS)	No significant difference in systolic BP (132.67 mm Hg before and 127.56 after intervention) or in diastolic BP (78.06 mm Hg before and 78.64 mm Hg after intervention)

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Appendix 2 (continued): Characteristics of 26 studies identified in the systematic review

Study	Study design	Study duration	Duration and frequency of group medical visits	No. of patients	Study population	% male	Outcomes measured	HbA_{1c} outcome	BP outcome
Desouza et al., 2010[38]	Retrospective chart review	2 yr	90-min session every 3 mo; mean 4 per yr	56	Patients discharged from diabetes clinic; type of diabetes not stated; HbA_{1c} < 7% at time of discharge, with outcome data available every 6 mo for 2 yr	Not stated	HbA_{1c}, LDL cholesterol, BP	Change from baseline not significant (p = 0.18)	Change in systolic BP from baseline: 0.06 v. 0.05 mm Hg (p = 0.93); change in diastolic BP from baseilne –001 v. 0 mm Hg (p = 0.34)
Dickman et al., 2012[39]	Before–after quasi-experimental design	4 mo	90-min sessions over 4 mo; frequency not specified	37; divided into language groups (English: 11; Spanish: 15; bilingual: 11)	Age ≥ 18 yr; uninsured patients with income < 200% below federal poverty level; diagnosis of non–insulin-dependent type 2 diabetes or hypertension, or both; HbA_{1c} < 9%; BP < 160/90 mm Hg; "could benefit from enhanced lifestyle education, self-management support and medication adherence support"	34	Patient and staff satisfaction, self-management of exercise (min/wk), identification and achievement of measurable goal	7.25% at baseline, 7.0% after intervention; 89% had improved outcomes	Systolic BP 174 mm Hg at baseline and 144 mm Hg after intervention; 100% of patients had improved outcomes
Dontje et al., 2011[40]	Cohort	33 mo	90-min sessions; frequency unclear (possibly monthly); patients partici-pated in 1–27 sessions	51; divided into 2 groups according to no. of visits attended (1–2 or ≥ 3)	Adult patients with type 1 (n = 4) and type 2 diabetes; HbA_{1c} ≥ 8%	35	Improved documentation of guideline-concordant care for patients with diabetes, enhance self-management, facilitate communication regarding chronic care management	Improvements in both groups	Improvements in both groups
Gutierrez et al., 2011[41]	Exploratory and descriptive	17 mo (mean follow-up 9.5 mo)	Duration of session not specified; sessions conducted every 2 wk; total 36	Intervention: 50 Usual care: 53	Age ≥ 18 yr; Hispanic patients with poorly controlled type 2 diabetes (HbA_{1c} ≥ 7%)	Unknown	HbA_{1c}, quality of life, diabetes knowledge, immunizations, ASA use, foot and ophthalmology exams, microalbumin: creatinine ratio, lipid measurement, LDL cholesterol	Mean decrease 1.19% in intervention (p < 0.01) and 0.67% in control (p = 0.02)	Not measured

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Appendix 2 (continued): Characteristics of 26 studies identified in the systematic review

Study	Study design	Study duration	Duration and frequency of group medical visits	No. of patients	Study population	% male	Outcomes measured	HbA_{1c} outcome	BP outcome
Kirsh et al., 2007[5]	Quasi-experimental with concurrent non-randomized controls	Unclear	60–120 min per session; frequency not specified; patients partici-pated in 1–7 sessions	Intervention: 44 Usual care: 35	Veterans with type 2 diabetes + ≥ 1 of: HbA_{1c} > 9%, systolic BP > 160 mm Hg and LDL cholesterol > 130 mg/dL	97.7	Systolic BP, HbA_{1c}, LDL cholesterol, ASA use	Mean decrease after intervention 1.4% (95% CI 0.8%–2.1%) ($p < 0.001$)	Mean decrease in systolic BP 16.0 mm Hg (95% CI 9.7–22.3) ($p < 0.001$)
Loney-Hutchinson et al., 2009[42]	Unclear	18 mo	60-min sessions; monthly since July 2007	66	HbA_{1c} persistently > 10%; type of diabetes not specified; not receiving care in diabetes clinic for ≥ 1 yr	Unknown	BP, HbA_{1c}, LDL cholesterol	Mean decrease from 12.1% to 8.3% at 12 mo	% who achieved BP control increased from 15% at baseline to 38%
Mallow et al., 2011[43]	Retrospective	27 mo	Not specified	Intervention: 53 Usual care: 58	Age > 18 yr; uninsured patients with diabetes (type not specified) receiving care at a free clinic	26.1	Depression score, weight, BMI, HbA_{1c}, blood glucose, creatinine, microalbumin, systolic BP, diastolic BP, total, HDL and LDL cholesterol, triglycerides	No significant change	Mean systolic BP 126.83 ± 18.31 mm Hg after intervention; mean decrease 5.49 (95% CI 0.443–10.539) mm Hg ($p = 0.03$)
Pieber et al., 1995[44]	Cohort	6 mo	90–120 min per session; every wk over 4 wk	Intervention: 53 Usual care: 55	Non-insulin dependent, type 2 diabetes	Intervention: 42 Control: 47	Weight, BMI, HbA_{1c}, serum cholesterol, serum triglycerides, systolic BP, diastolic BP, self-monitoring glycosuria, footcare practices, diabetes-related knowledge, medication intensity	Decreased from 8.57% to 8.11% ($p < 0.05$)	At 6 mo: systolic BP 144 ± 21 mm Hg in ntervention v. 150 ± 24 mm Hg in control ($p = 0.05$)
Raballo et al., 2012[45]	Propositional analysis: RCT cohort	2 yr	40–50 min per session; every 2–3 mo (type 1 diabetes) or 3–4 mo (type 2 diabetes) over 2 yr (program could be repeated ad libitum)	Intervention: 120 Control: 121	Type 1 or type 2 diabetes	Type 2 diabetes: Intervention: 36 Control: 51	Patient perceptions of group care v. usual care, patient locus of control, range of concepts regarding diabetes, patient attitudes to group care	No significant difference among patients with type 2 diabetes (7.6% ± 1.0% in intervention and 8.0% ± 1.6% in control)	Not measured

Note: ADA = American Diabetes Association, ASA = acetylsalicylic acid, BMI = body mass index, BP = blood pressure, CI = confidence interval, EQ-VAS = EuroQol 5-d measure of health outcome, HDL = high-density lipoprotein, LDL = Low-density lipoprotein, NS = not significant, SF-36 = Medical Outcomes Study 36-item Short Form.

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